

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JUN 16 1937

19368

1. PLACE OF DEATH

County Bates

Township Walnut

City Walnut

Registration District No. 56

Primary Registration District No. 587

File No. 19368

Registered No. 19368

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Charles Humphrey Jr.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Student

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11-1922

7. AGE YEARS 15 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Foster Mo.

13. NAME W.E. Humphrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ramsey Ill.

15. MAIDEN NAME Anna Belle Castle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flommin Kans.

17. INFORMANT (ADDRESS) Mrs. W. Humphrey

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE May 14 1937

19. UNDERTAKER (ADDRESS) Booths

20. FILED 7/15 1937 Wm. C. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4 1937, to May 12 1937. I last saw him alive on May 11 1937. Death is said to have occurred on the date stated above, at 11:30 P.M.. The principal cause of death and related causes of importance were as follows:

Infectious Mononucleosis  
Myocardial Infarction  
Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Dr. J. H. Green M. D.

(Address) W. C. Brown

